MARGUERITE ROSS BARNETT MEMORIAL SCHOLARSHIP PROGRAM

FAFSA Submission Deadline: August 1 prior to the upcoming academic year

I. STUDENT APPLICANT	Please print neatly or type.

1. LAST NAME	FIRST NAME	MI	2. SOCIAL SECURITY NUMBER

3. PERMANENT HOME ADDRESS	CITY	STATE	ZIP CODE

4. HOME TELEPHONE NUMBER

5. U.S. CITIZENSHIP STATUS (check one)
A. ☐ U.S. CITIZEN/NATIONAL
B. ☐ ELIGIBLE NON-CITIZEN   ALIEN REGISTER NUMBER _____

6. DATE OF BIRTH
MONTH _____ DAY _____ YEAR _____

7. ARE YOU PLANNING TO ENROLL IN A COURSE OF STUDY LEADING TO AN UNDERGRADUATE DEGREE IN THEOLOGY OR DIVINITY (RELIGION)?
☐ YES   ☐ NO

8. NAME OF THE APPROVED MISSOURI SCHOOL YOU PLAN TO ATTEND

9. SIGNATURE OF THE APPLICANT	DATE

II. EMPLOYER

10. NAME OF EMPLOYER

ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

11. IS THE APPLICANT EMPLOYED AND COMPENSATED FOR 20 OR MORE HOURS PER WEEK?
☐ YES   ☐ NO

12. BEGINNING DATE OF EMPLOYMENT
MONTH _____ DAY _____ YEAR _____

13. SIGNATURE OF EMPLOYER REPRESENTATIVE	PRINT OR TYPE NAME AND TITLE	DATE

III. STUDENT FINANCIAL AID OFFICE OF THE SCHOOL

14. NAME OF SCHOOL	TELEPHONE NUMBER

15. (A) SEMESTER OF ENROLLMENT FOR WHICH THE SCHOLARSHIP IS BEING REQUESTED (check only one)   (B) PERIOD OF ENROLLMENT _____ - _____
☐ FALL (AUGUST – DECEMBER)   ☐ SPRING (JANUARY – MAY)   mm/dd/yyyy   mm/dd/yyyy

16. IS THE APPLICANT ENROLLED, OR INTENDING TO ENROLL, AS A PART TIME STUDENT?
☐ YES   ☐ NO

(A) NUMBER OF CREDIT HOURS FOR THE SEMESTER ENROLLMENT _____   (B) AMOUNT OF TUITION FOR THE NUMBER OF CREDIT HOURS $_____

17. HAS THE APPLICANT EARNED A PREVIOUS BACCALAUREATE DEGREE OR COMPLETED 150 SEMESTER CREDIT HOURS?
☐ YES   ☐ NO

18. IS THE APPLICANT A MISSOURI RESIDENT? ☐ YES ☐ NO	19. IS THE APPLICANT MAKING SATISFACTORY ACADEMIC PROGRESS? ☐ YES ☐ NO

20. TOTAL COST OF ATTENDANCE	21. EXPECTED FAMILY CONTRIBUTION

22. TOTAL FINANCIAL AID AWARDED	23. FINANCIAL NEED (ITEM 20 MINUS ITEM 21 MINUS ITEM 22 = NEED)

24. SIGNATURE OF THE STUDENT FINANCIAL AID ADMINISTRATOR	PRINT OR TYPE NAME	DATE